

UNITED STATES DISTRICT COURT

FILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

for the

District of Hawaii

JUN 03 2020

Division

at 9 o'clock and 00 min. 9M
CLERK, U.S. DISTRICT COURT
unpaid, IFP not submitted yet

Jennifer Marie Chapman

Case No. **CV20 00255 HG WRP**

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Honolulu Police Department
Department of Human Services
Pamela Nakanaula

Kula Echihori

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Trial: (check one) ☒ Yes ☐ No**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**
(Non-Prisoner Complaint)**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Mailed On

Date 6/4/2020

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jennifer chapman		
Address	1470 Hoohaku St		
	Pearl city	HI	96782
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	United states		
Telephone Number	8082083926		
E-Mail Address	Jenchap126@gmail.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Honolulu Police department		
Job or Title (if known)	HPD staff, officers, supervisors		
Address	1865 Kamehameha highway		
	Honolulu	HI	96819
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Honolulu county		
Telephone Number	8087238207		
E-Mail Address (if known)			
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	Kyle Echiberi		
Job or Title (if known)	Honolulu police department officer		
Address	1865 Kamehameha highway		
	Honolulu	HI	96819
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Honolulu		
Telephone Number	8087238207		
E-Mail Address (if known)			
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 3

Name Department of human services
 Job or Title (if known) Administrative Staff
 Address 1390 Miller Street, Room 209,
 Honolulu HI 96813
 City State Zip Code
 County United states
 Telephone Number 8085868256
 E-Mail Address (if known) dhs@dhs.hawaii.gov

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name Pamela Nakaneula
 Job or Title (if known) DHS/CWS social worker
 Address 420 Waiakamilo road
 Honolulu HI 96819
 City State Zip Code
 County Honolulu
 Telephone Number 808 832-5300
 E-Mail Address (if known) Pnakanelua@dhs.hawaii.gov

☒ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Violation of fourth amendment

Violation of the fourteenth amendment

Hawaii Revised Statutes § 707-727 – Custodial interference

18 U.S. Code § 241- Conspiracy against rights

18 U.S. Code § 242- Deprivation of rights under color of law

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Violations of fourth and fourteenth amendment rights.

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Pamela Nakamura - acted in her official Capacity as a CWS/DHS social worker For the state of Hawaii.
 Kyle Eckherber- acted in his official capacity as a Honolulu police officer, For the state of Hawaii.
 All other employees from both CWS/DHS and HPD, whom were involved in any capacity in the decision making or otherwise participated in a negligent manner.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

1808 papaw place
 Honolulu, Hawaii 96819

- B. What date and approximate time did the events giving rise to your claim(s) occur?

June 7, 2018.

11:25am

- C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

Social worker Pamela nakanalua phones HPD requesting officer assistance at 1808 papaw place, Honolulu, HI 96819 stating that she was taking infant LC into custody. HPD officers responded to home and proceeded to remove LC from home placing child under police protective custody and immediately turning child over to DHS custody. The removal of child by HPD was done with no imminent danger present..Records reveal Social worker based her reasoning for removal on on allegations made via phone call and because of previous domestic violence issues.

Home was entered without warrant. I refused entry and was held by police in back area of back of home, while police searched home. Record shows no evidence of wrong doing, police did not make any arrest. Child was returned to the phone reporters custody four days after illegal removal with no court hearing. Cws social worker filled out confidential document stating that at the time of removal CWS had no legal jurisdiction, no voluntary placement agreement, no court order and that child must be returned within three days. HPD reports that they assumed police protective custody because social worker Ordered them too. HPD did not make their own decision after completing a thorough investigation.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Interruption to parent child bonding which has resulted in,
depression
anxiety
chronic insomnia.
PTSD
Panic attacks

Will require lifelong mental healthcare for all involved parties in the family.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$50 million - pain and suffering,

\$5 million reimbursement for legal fees incurred due to case, As well as defamation of character.

\$50 million dollars- Loss of Spouses job as a direct result of the impact and strain this placed upon my family.

Spouse was active duty army at the time therefore when employment ended, it pulled housing benefits, medical benefits, college funding for both children, life insurance policies, and the remainder of my spouse's contract with the military which was subsequently ended three years earlier than anticipated. As this was a career, it affected Retirement and salary which would have been paid otherwise up until retirement age.

\$1 million - Cost of multiple relocations, traveling expenses as they related to Cws/DHS matters such as attending court hearings, visitation with children, meetings with social workers, and travel expenses to and from different services I was referred to.

= \$106,000,000.00

All staff within DHS and HPD Be retrained on The removal of children as well as the constitutional rights of the citizens they are sworn to protect and defend. Also to require mandatory domestic violence training.
Demand that DHS implement some sort of system or panel of citizens who are able to review cases such as this.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 05/31/2020

Signature of Plaintiff

Printed Name of Plaintiff


Jennifer chapman

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

REQUEST FOR RELIEF FROM COURT COSTS;

DECLARATION; ORDER

Form IDC13

IN THE DISTRICT COURT OF THE FIRST CIRCUIT HONOLULU DIVISION STATE OF HAWAII	
Plaintiff Jennifer Marie Chapman	Reserved for Court Use Civil No.
Defendant Department of human services Honolulu police department Pamela Nakanelua Kyle Echiberi	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email Jennifer Marie Chapman 1470 Hoohaku Street Pearl City, HI 96782 <input type="checkbox"/> Check if you are an attorney representing the filing party <i>pro bono</i>

REQUEST FOR RELIEF FROM COURT FILING FEES

Pursuant to Hawai'i Revised Statutes §607-3, the filing party in this case asks the court to waive the prepayment of court filing fees as set forth in Hawai'i Revised Statutes §607-4(b) because he or she is unable to pay such costs and provide for his or her necessities in life.

Please answer the following questions:

- Are you currently employed? Yes ☒ No ☐
 - If the answer is Yes,
 - State the amount of your monthly salary/wages: \$ Zero due to COVID-19
 - Name and address of your employer: Self-employed retail, 1470 Hoohaku Street, Pearl City, HI
 - If the answer is No,
 - State the date you were last employed: _____
 - Name and address of your former employer: _____
- Do you rent ☒ or own ☐ your home?
 - State the amount of your monthly rent/mortgage payment: \$ 1500
 - If you rent, do you receive any rent assistance? (Section 8) Yes ☐ No ☒
- Do you own any real estate other than your home?

Yes ☐ No ☒

If the answer is Yes, state the total value: \$ _____
- Do you have any money in any bank account? (Include any funds in prison accounts.)

Yes ☒ No ☐

If the answer is Yes, state the total amount: \$ 600

(continued on page 2)

SEE PAGE 2

REQUEST FOR RELIEF FROM COURT FILING FEES (continued)

5. Do you own any motor vehicles?

Yes ☒ No ☐

6. Do you receive any of the following (check all that apply)?:

- ☐ Social Security payments (e.g. SSI or SSDI) or Retirement?
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Temporary Aid to Needy Families (TANF) [formerly AFDC]
☒ Food Stamps (GA)

7. List any persons who depend upon you for financial support. State your relationship to those persons and state how much you contribute to their support.

8. Do you have any other sources of income not listed above?

Yes ☐ No ☒

If the answer is Yes, describe what other income you receive.

DECLARATION

I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Signature of Filing Party/Attorney:



Date: June 2, 2020

Print/Type Name: Jennifer Marie Chapman

(Reserved For Court Use)

ORDER

Having reviewed the request for relief from costs the court :

- ☐ This request is **GRANTED** court filing fees are waived.
☐ The request is **DENIED**.

Date:

Judge



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. (808) 538-5121, FAX(808) 538-5233, or TTY (808) 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date. **For all Civil related matters, please call (808) 538-5151 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.**